

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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49						
50						
TOTAL IND.	8					
TOTAL DEP.	110					
TOTAL CLAIMS	118					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				101		
52				102		
53				103		
54				104		
55				105		
56				106		
57				107		
58				108		
59				109		
60				110		
61				111		
62				112		
63				113		
64				114		
65				115		
66				116		
67				117		
68				118		
69	1					
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS